Division of Health Service Regulation

(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING HAL049019 09/30/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2441 EAST BROAD STREET **BROOKDALE EAST BROAD** STATESVILLE, NC 28677 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 This is a Report of a Biennial Construction Survey conducted by Greg Cates on September 30, 2015. Based on information gathered from our files, the Facility was first licensed on May 21, 1990 for Fifty-Eight (58) residents. Based on this information, we are requiring the original facility to meet the 1987 Minimum Standards and Regulations for Homes for the Aged and Disabled and the 1978 North Carolina State Building Code. Section 409- Institutional Occupancy; and the applicable portions of the 2005 Rules for Adult care Home of Seven or More Beds. C 189 C 189 Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1- Based on observations, the facility has failed to maintain the plumbing systems in a working and operable condition. Findings include: a- There is a water leak in the Housekeeping/ Dietary Supply Closet that has spread out into the

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

hallway, soaking the carpet in the corridor.

TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(3) DATE SURVEY COMPLETED		
		HAL049019	B. WING		09/3	0/2015		
NAME OF PROVIDER OR SUPPLIER BROOKDALF FAST BROAD STREET ADDR 2441 EAST				DRESS, CITY, STATE, ZIP CODE T BROAD STREET ILLE, NC 28677				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE		
C 189	2- Based on observensure that the builthe fire resistance of deficiency directly a and visitors by allow smoke beyond the Findings on include a- The one-hour rate to a large hole (apprear corner of the No-There are unprof	vations, the facility failed to ding is safe by not maintaining of building components. This affect all residents, personnel, wing the possible spread of compartment of origin.	C 189					
C 193	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (4) Ovens, ranges resident activity or r used except under degree of staff supe facility's assessmer resident. The oper have a locking feati controlled by staff. (5) Ovens, ranges resident rooms sha provided, controlled equipment by resid by the facility to be equipment in a safe (k) This Rule shall facilities with the ex	and cook tops located in recreational areas shall not be facility staff supervision. The ervision shall be based on the nt of the capabilities of each ation of the equipment shall ure provided, that shall be and cook tops located in Il have a locking feature if by staff, to limit the use of the ents who have been assessed incapable of operating the	C 193					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION		(3) DATE SURVEY COMPLETED	
7.1.5 / 2.10 / 0.00 / 0.00			A. BUILDING: 01				
HAL049019		HAL049019	B. WING		09/30/2015		
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
BROOKE	OALE EAST BROAD		T BROAD ST				
STATESVILLE, NC 28677 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION						(X5)	
PRÉFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)			
C 193	Continued From page 2		C 193				
	This Rule is not met as evidenced by: The facility was not ensuring that stoves are only used under facility staff supervision. Findings include:						
	Room is equipped whowever the location it is easily accessed b- The stove was n	d in the Activity/ Therapy with a lock-out feature in was not known by staff and d by anyone. ot locked into the off position, rvised person to turn the stove					
C 199	Exhaust Ventilation		C 199				
	provided with exhautwo cubic feet per requirement does no before April 1, 1984 these specified spar (1) soiled linen stor (2) soil utility room (3) bathrooms and (4) housekeeping (5) laundry area. (k) This Rule shall facilities with the exwhich shall not app	ed in this Paragraph shall be ust ventilation at the rate of ninute per square foot. This not apply to facilities licensed with natural ventilation in ces: rage; toilet rooms; closets; and apply to new and existing ception of Paragraph (e) ly to existing facilities.					
	has failed to mainta	et as evidenced by: vations and testing, the facility hin the mechanical exhaust condition. This may affect all					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 (X3) DA		(X3) DATE COMP	TE SURVEY MPLETED	
		HAL049019	B. WING		09/3	0/2015	
			DDRESS, CITY, STATE, ZIP CODE				
BROOKDALE EAST BROAD 2441 EAST			ST BROAD STREET /ILLE, NC 28677				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
C 199	Continued From page 3		C 199				
	persons in the building as it prevents the exhausting of odors and possible bacteria or germs that may cause illness.						
	Findings include:						
	a- The exhaust fan Room 1 is not exha	located in the bathroom of nusting air.					

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